

Missouri Health Information Technology (MO-HITECH) Project
Project Narrative

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Project Application

Missouri Health Information Technology (MO-HITECH) Project

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Project Narrative

Introduction

An accurate assessment of a state and its providers' readiness to adopt and implement health IT to achieve meaningful use must take into consideration the state's demographic and geographic diversity. Missouri has the 18th largest population of the 50 States – approximately 6 million residents¹ - and is bordered by eight states: Iowa, Illinois, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas, and Nebraska. No other state is bordered by more than eight states.

Missourians receive health care services from 151 hospitals,² approximately 18,000 active physicians, 21 federally qualified health centers (FQHCs), and 342 rural health clinics.³ Several health systems provide care in multiple counties or regions throughout the state as well in bordering states.

The majority of Missourians receives health insurance through their employers (54%) or purchase individual coverage (5%). Approximately 28% of Missourians receive health insurance through a public option: 13% receive coverage through Medicaid and 14% receive coverage through Medicare; and 1% receives coverage through another public option. The remaining 13% of the population is uninsured.⁴

The Missouri Hospital Association, in coordination with the American Hospital Association's annual survey, conducted a survey of its members to determine the level of health IT adoption among Missouri's hospitals. Based on the definition of "full" and "basic" adoption as described by the Office of the National Coordinator for Health IT (ONC), 11 Missouri hospitals meet the definition of full adoption and three hospitals meet the definition of basic adoption. Six hospitals are near basic adoption, but lack computerized physician order entry for medication. The hospitals surveyed that are near basic or full adoption range widely from a rural 100-bed hospital to large health systems. The criteria around basic and full adoption are available online at

¹ 2009 Population Estimates, U.S. Census Bureau, Population Estimates Program.

² Missouri Hospital Association.

³ "Missouri: Provider & Services Use, States (2006-2007), U.S.(2007)." Kaiser Family Foundation. <http://www.statehealthfacts.org/>. Accessed on September 30, 2009.

⁴ "Missouri: Health Coverage & Uninsured, States (2006-2007), U.S.(2007)." Kaiser Family Foundation. <http://www.statehealthfacts.org/>. Accessed on September 30, 2009.

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1152&parentname=CommunityPage&parentid=11&mode=2&in_hi_userid=10741&cached=true.

The Missouri Academy of Family Physicians conducted a survey of its members in January 2009 to identify utilization of electronic medical records. 54% of respondents reported that they utilize electronic medical records in their offices, with an additional 18% responding that they will utilize electronic medical records soon. Ninety-two percent of practices reported the utilization of a registry allowing users to log-in and view a log of controlled substance prescriptions that a patient has received. When asked about interest in future Continuing Medical Education (CME) offerings, over 85% of the respondents indicated that electronic health record issues were somewhat or very important.

Like physicians and provider organizations nationwide, Missouri health care providers have struggled to identify the funding and human resource capacity to participate health information exchange (HIE). Despite these challenges, Missouri providers have continued to pursue HIE in various practice settings. Current adoption and HIE efforts fall largely into two categories: community-driven efforts and large health or hospital systems. These efforts will be discussed in greater detail below.

A. Current State

Missouri is home to multiple targeted efforts to exchange health information for the purposes of improving patient care and promoting the public health. To date, these initiatives, which are at various stages of development and maturity, have been largely segmented by geography or within health systems or public agencies. A primary goal of Missouri's planning efforts will be to leverage and integrate existing initiatives into a statewide infrastructure for exchange. A description of predominantly public sector capabilities relative to specific electronic transactions and reports is below; private sector efforts related to HIE are described in greater detail later in this section. The planning effort will undertake a comprehensive environmental scan of the state to better understand and describe these capabilities in greater detail. The information below was obtained from MO HealthNet (Medicaid), Department of Health and Senior Services (DHSS), Department of Mental Health (DMH) and publicly available information.

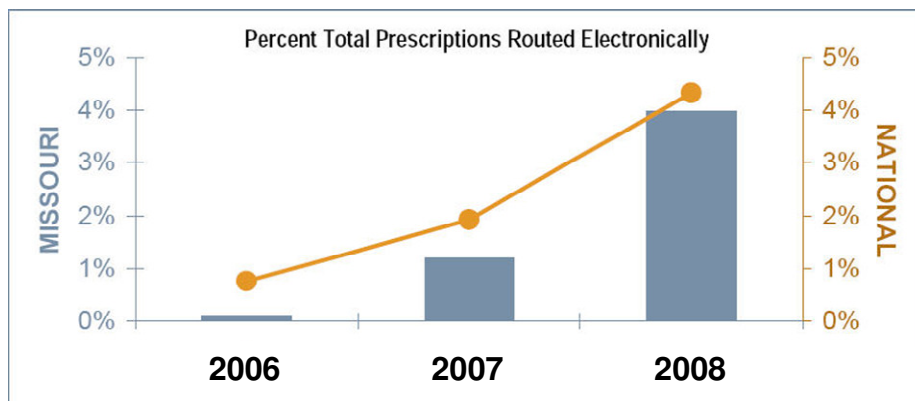
Current State	Capabilities
Electronic eligibility and claims transactions	<ul style="list-style-type: none"> • MO HealthNet: Over 13,000 users representing providers treating over 82% of Medicaid participants have been trained on the CyberAccess© web portal. Since October 1, 2009 prescription and medical encounter claims data for all 850,000 MO HealthNet participants has been available via CyberAccess©. Eligibility is currently available via a separate portal and will be integrated into CyberAccess© by January 2010. Pharmacy claims are adjudicated real time; all other claims may be filed electronically and will be real time in 2010. • DHSS: DHSS currently has two programs that provide support for children with disabilities and cancer screenings that are required to pay claims. The paid claims data is available via the Missouri Health Strategic Information Cooperative (MOHSAIC) system and eligibility is available electronically including the connectivity to look up Medicaid eligibility. • DMH: DMH receives electronic eligibility data from DSS, and has incorporated that data into its DMH enterprise web-based system, Customer Information Management, Outcomes & Reporting (CIMOR). The CIMOR system also creates and sends claims to payers including Medicaid, Medicare and private insurance companies using HIPAA standard 837 transactions.
Electronic clinical laboratory ordering and results delivery	<ul style="list-style-type: none"> • MO HealthNet: Lab results for one major lab vendor are currently available electronically in CyberAccess© in PDF, digital availability. Results from other lab vendors are scheduled for implementation January 2010. • DHSS: DHSS receives lab results, however, they are for public health reporting reasons and are outlined in the public health reporting section below.
Electronic public health reporting (immunizations, notifiable laboratory results)	<ul style="list-style-type: none"> • MO HealthNet: Interface with DHSS immunization system is scheduled for January 2010. Vaccines paid for by MO HealthNet Division (MHD) are currently viewable. Notifiable laboratory results are scheduled to be available in the 2nd quarter of 2010. • DHSS: DHSS receives and reports on the data outlined below. <ul style="list-style-type: none"> ▪ Electronic lab results: DHSS receives approximately 160,000 electronic lab results annually from 4 major laboratories for public health reporting of newborn genetic screenings, lead screenings, HIV/AIDS, STD's and various other communicable diseases. ▪ Immunizations: DHSS currently receives 48% of immunization reports for the immunization registry via electronic communications ▪ Surveillance reports: 80 Missouri hospitals report approximately 10,000 emergency

	<p>room chief complaint reports and in-patient chief complaint reports daily to DHSS</p> <ul style="list-style-type: none"> ▪ Infections: Hospital acquired infection data is electronically received by DHSS • DMH: DMH receives lab results from contracted laboratory services and incorporates those results into claims and consumer services data.
Quality reporting capabilities	<ul style="list-style-type: none"> • MO HealthNet: Peer profiling is scheduled for the 4th quarter of 2009. Risk level, gaps in care and divergence from best practices included. Limited care coordination information is currently available in Care Connection which is interoperable with CyberAccess©. • DHSS: The immunizations registry currently includes a client recall feature to run reports on when immunizations are needed for follow-up on the client; Cancer screenings that are paid for by DHSS are reported to the Centers for Disease Control and Prevention (CDC) for review of patient follow-up and gaps in care. • DMH: DMH has developed a comprehensive data warehouse from both legacy systems historic data and CIMOR data updates processed daily. This data is available for numerous automated and ad-hoc reports that are used by DMH and IT staff for quality assurance, management decision-making, and regulatory reporting requirements. • Primaris: Primaris, Missouri's Medicare Quality Improvement Organization (QIO), has a robust history of encouraging adoption of health IT and use of EHRs for reporting of quality measures. <ul style="list-style-type: none"> ▪ Throughout the DOQ-IT program in the 8th Scope of Work under Medicare, Primaris assisted physician practices with evaluation of needs, vendor selection, contracting and process change management in adopting electronic health records (EHRs). Primaris then worked with these practices to facilitate submission of data from their EHRs for selected quality measures to the DOQ-IT Warehouse, a national repository where private healthcare data is stored for reporting purposes. ▪ During the current 9th Scope of Work under Medicare, Primaris is building on these efforts on several fronts. Working with hospitals under the Patient Safety Theme, reporting is continuing on quality measures from the 8th SOW and moving into new areas of improvement such as surgical care, heart failure care and drug safety. Primaris is also working with these institutions to improve measures around rates of health care-associated methicillin-resistant Staphylococcus aureus (MRSA) infections and to reduce pressure ulcer rates. ▪ Primaris is also working with physician offices in the 9th SOW to make effective use

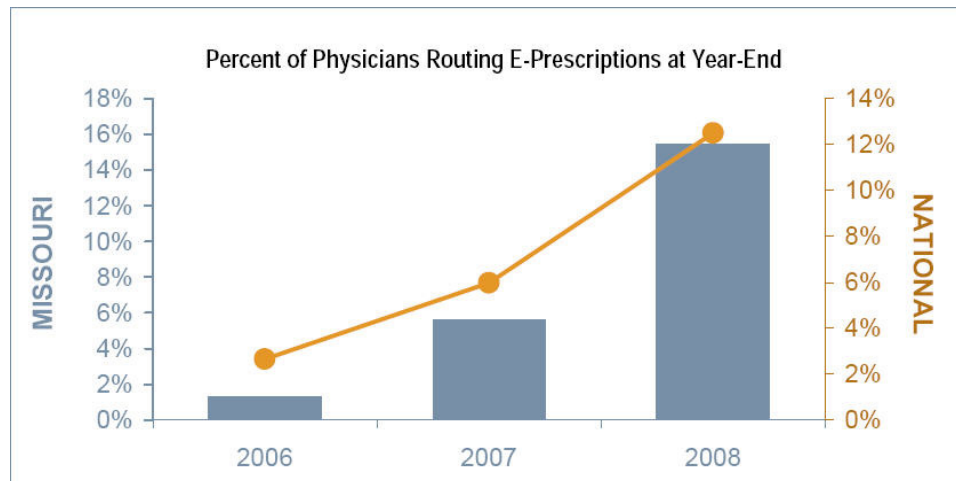
	<p>of their EHRs for quality improvement and reporting of quality measures. Under the Prevention Theme, practices with EHRs are using their data to initiate interventions encouraging improved compliance with preventive diagnostic testing around mammograms, influenza and pneumococcal vaccinations, and colorectal cancer screening. Missouri's Primaris was selected as one of eleven QIOs for a pilot project to implement system changes for people with chronic kidney disease (CKD) – utilizing quality measures and EHR involvement – to both improve patient care and reduce costly complications from the disease.</p> <ul style="list-style-type: none"> • Kansas City Quality Improvement Consortium: The Kansas City Quality Improvement Consortium (KCQIC) collected responses from over 40,000 adult patients about their experiences with over 700 primary care physicians in the Greater Kansas City Area. KCQIC published the results of the survey in July 2009 and plans to begin reporting out on physician office and group level data in January 2010. KCQIC has provided individual physician metrics to physicians since 2002, and will pursue metrics around cost and efficiency in the future.
Prescription fill status and/or medication fill history	<ul style="list-style-type: none"> • MO HealthNet: A record of all prescriptions paid for by MHD is available today for all 850,000 participants as is the record of refills and a medication possession ratio (MPR) is available for chronic medications and is a surrogate of medication adherence. This tool is used by DMH to manage SMI therapies. This is a near real-time record, claims are visible within seconds of claim adjudication. • DMH: DMH uses software from QuadraMed Corporation for handling prescription fills, medication inventory, and other pharmacy management activities. The contract for this software will expire 12/2010, so DMH is currently taking steps to prepare an RFP to purchase a replacement system by 1/2011.
Clinical summary exchange for care coordination and patient engagement	<ul style="list-style-type: none"> • MO HealthNet: Continuity of Care Document (CCD) Viewer scheduled for the fourth quarter 2009. Intake of HL7 home monitoring information scheduled for November 2009. Second phase to include electrocardiogram (ECG) wave/rhythm strips in August 2010; episodes of care in June 2010; and medication reconciliation and discharge summary exchange by September 2010. • DHSS: DHSS has built into the Missouri Health Strategic Information Cooperative (MOHSAIC) system a Public Health Profile in which a person can be looked up and any information contained in MOHSAIC (lead screening, immunizations, newborn metabolic screening, newborn hearing screenings, etc.) is displayed on one page in order to look at gaps in care and for client follow-up.

	<ul style="list-style-type: none"> • DMH: The DMH CIMOR system makes a set of consumer information available to all DMH service providers that helps support care coordination. <ul style="list-style-type: none"> ▪ DMH provides limited data from CIMOR to MOHealthNet for services delivered to common consumers. ▪ DMH also participated along with several other agencies to design a data warehouse to contain data from all agencies that provide services and supports to children. The children's data warehouse design, if funded and implemented, would serve as a valuable tool to all agencies in coordinating care provided to children. One subset of the community mental health centers utilizing CyberAccess© is sharing clinical assessment data through CyberAccess© with its Federally Qualified Health Center (FQHC) partners in a project screening seriously mentally ill Medicaid patients for metabolic syndrome and integrating behavioral and physical health services.
Electronic prescribing and refill requests	<ul style="list-style-type: none"> • MO HealthNet: E-prescribing and refill requests are available now through a Surescripts certified portion of CyberAccess©. Formulary information is available currently in CyberAccess©. Class one alerts are currently available in CyberAccess©. • Surescripts: In 2008, 3.97% of all prescriptions were transmitted electronically, representing more than a 100% increase in prescriptions transmitted electronically in 2007.⁵ The number of Missouri physicians routing prescriptions electronically also more than doubled with 1,389 physicians routing e-prescriptions in 2008, representing a 176% growth since 2007. Please see figures below depicting levels of e-prescribing adoptions

E-Prescribing Adoption in Missouri



⁵ Surescripts. State Progress Report on E-Prescribing: Missouri. Data as of December 31, 2008. Available at: <http://www.surescripts.net/e-prescribing-statistics-charts.aspx?name=MO2009>. Accessed on October 1, 2009.



Source: Surescripts

Progress and Status of Project Planning and Implementation

The 2009 American Recovery and Reinvestment Act provides a unique and unprecedented opportunity for states to access federal funds to plan, design, and implement a health information exchange (HIE) that will encourage the adoption and use of electronic health records (EHRs), and allow for the exchange of health information across institutions and providers. The State of Missouri does not currently have a Strategic and/or Operational plan in alignment with ONC criteria. However, the State has initiated discussions with stakeholders that will lead to the development and implementation of a Strategic and Operational Plan to support statewide HIE. Missouri plans to develop and finalize its Strategic Plan for submission to ONC by January 31, 2010 and to develop and finalize its Operational Plan for submission to ONC by April 30, 2009.

The State and the private sector have initiated several activities around HIE that will be leveraged and built upon in the launch of the statewide HIE planning process. These efforts are described briefly below.

HIE Regional Listening Sessions

In August 2009, the Missouri Departments of Social Services (DSS) and Health and Senior Services (DHSS), with the support of the Missouri Foundation for Health and Health Care Foundation of Greater Kansas City

(HCF), conducted six regional HIE listening sessions to seek stakeholder input regarding the development of HIE and pursuit of federal funds. Listening sessions were held in St. Louis, Kansas City, Cape Girardeau, Columbia, Kirksville, and Springfield, engaging over 200 participants statewide. Participants represented hospitals, private providers, federally qualified health centers (FQHCs), rural health clinics, long-term care providers, professional associations, health plans, academic institutions, foundations, community-based organizations and coalitions, information technology vendors, regional HIEs, and state government.

The HIE listening sessions were both educational, providing stakeholders with information about the process to secure federal funding for HIE, as well as interactive, soliciting stakeholders' feedback about their vision, goals, and concerns around HIE in Missouri. Several overarching themes emerged across the sessions and participants:

- **Vision:** Participants envisioned a statewide HIE which securely provides access to patient health information to all health providers within Missouri and neighboring states to improve patient outcomes and reduce systemic cost. The envisioned system should account for the needs of both patients and providers, engaging both sectors to support meaningful use of an accessible, secure, and fiscally sustainable statewide HIE.
- **Critical Roles for a Statewide HIE:** Participants agreed on several core roles for a statewide HIE including:
 - **Facilitator/Enforcement:** The statewide HIE should provide governance, leadership, and accountability around the management of the HIE infrastructure, privacy and security, and a mechanism for consumer and provider participation.
 - **Technical Assistance/Sustainability:** The statewide HIE should identify common standards and interoperability measures as well as resources to implement and sustain a statewide HIE.

- Educator: The statewide HIE should inform and engage consumers, providers, and policymakers in understanding, trusting, and utilizing a statewide HIE.
- **Concerns:** Participants identified a nuanced set of concerns framed by the overarching concern that a statewide HIE would not be used if various needs were not met (e.g. cost management, public education). Participants voiced concern about Missouri’s capacity to develop resources and momentum necessary to implement a statewide HIE, utilization of HIE, privacy and security, interoperability standards, and implementation and sustainability.
- **Support:** Overall, participants expressed enthusiasm around the potential benefits to patients and providers through a thoughtfully developed statewide HIE.

These regional meetings were an important first step in engaging stakeholders in an active dialogue regarding the HIE planning process.

State Assets

The State of Missouri and the private sector have launched several collaborative health IT and HIE initiatives to improve health care delivery. During the planning and operational planning periods, Missouri will work with stakeholders to determine how these assets may be leveraged for broader HIE objectives. These initiatives are described below:

- ***Multi-Department Assessment of Readiness:*** The Department of Social Services MO HealthNet Division (Medicaid), Department of Health and Senior Services (DHSS), and the Department of Mental Health (DMH) have a collaborative agreement to implement HIE for their shared client base. As part of this initiative high level information will be collected as part of a multi-department assessment of readiness to be completed within the planning phase of the project so that the assessment may inform the State’s efforts and identify State assets that may be leveraged:

- ***Missouri Health Strategic Architecture Information Cooperative (MOHSAIC) System:*** The Missouri Department of Health and Senior Services (DHSS) currently receives data electronically from over 80 hospitals in Missouri and 4 laboratories. Most of this data exchange is in real-time HL-7 reporting. Data is also exchanged with the Centers for Disease Control and Prevention (CDC) on a daily basis. The DHSS Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) system is a statewide network, software, and integrated database system that provides client information to sites that provide health services to the citizens of Missouri. (i.e., local public health agencies, private providers, hospitals, etc.) With the recent implementation of web based applications, the internet is now used as the primary network for connectivity. The MOHSAIC system collects and stores information on clients, providers, clinics, and inventory. It creates an electronic medical record for citizens receiving services from DHSS for immunizations, lead screening, newborn metabolic screening, newborn hearing screening, cancer screenings, environmental conditions, head injury, communicable diseases, and children with special health care needs. The MOHSAIC system currently includes approximately 24 million immunization records, 700,000 communicable disease reports, and 1.4 million lead tests, among other things. The MOHSAIC system is interoperable with other data systems at DHSS and the Missouri Department of Social Services, allowing MOHSAIC to look up Medicaid information and to share data on the citizens that are served.
- ***Common Identification Number:*** In the early 1980's the Department of Social Services (DSS) started assigning a Departmental Client Number (DCN) to the individuals that they served within certain programs. Other programs at DSS soon started to use this same number to identify clients being served including the Medicaid participants. An electronic "common area" was setup on the mainframe to hold the basic information regarding a client and the DCN number became the unique identifier for these clients.

In the early 1990's the DHSS began to develop the MOHSAIC system and a decision was made to use the "common area" at DSS to look up clients for the MOHSAIC system. It was also decided that if a

client being entered into the MOHSAIC system did not already have a DCN number assigned then a DCN would be immediately assigned by DHSS and the information would be put in the “common area” for use by both agencies. In 1994 DHSS began assigning DCN numbers to every child born in the state of Missouri and the information is stored in the “common area.” With the proper security measures in place, this allows interoperability between data systems within each organization and allows both agencies to share information about Missouri clients.

Currently an effort is being made by the Department of Mental Health (DMH) to lookup DCN numbers on the clients held in CIMOR, their major data system, and to assign numbers if the clients do not already have them assigned. With the addition of the clients served by DMH into the “common area” it is estimated that approximately 50% of Missouri’s population will have been assigned a DCN number and have information stored in the “common area.”

- ***MO HealthNet HIE/EHR:*** MO HealthNet’s progressive Medicaid program understands the importance and benefits of an EHR/HIE product. Health IT is key to transforming Missouri’s health care system through the provision of health IT tools and capabilities designed and proven in the Medicaid environment. Many of these tools and capabilities are “plug-n-play” components built using a Service Oriented Architecture (SOA) that follows Medicaid Information Technology Architecture (MITA) guidelines. CCHIT certification guidelines for interoperability are closely followed so the system can be eligible for “meaningful use” incentives.

The MO HealthNet solution is a true “hybrid” architecture based on a secure, hosted-platform, which includes full Active Server Pages (ASP) version, and EMR-lite capabilities. At the heart of the solution is the clinical surveillance engine, which performs real-time analysis on the combined Federated and Centralized data gathered from disparate sources. Providers will be able to view this data through the EMR-lite front end solution, DirectAccess™. For providers with an existing EMR, this data is shared via a HITSP c32 CCD which can be displayed in their EMR system.

Clinical data will be exchanged with other HIE partners, such as narratives, laboratory results, radiology reports with associated clinical images, immunization data and other image documents. Direct provider

input entered through DirectAccess encounter notes, patient vital signs and lab results can also be exchanged. The DirectAccess solution facilitates the exchange of patient-centric health information between providers, clinics, and hospitals.

With real time data analysis and data consolidation from multiple systems, DirectAccess will give providers at the point of care patient-specific history, risks, gaps-in-care, reporting, and treatment alerts. Additional capabilities include e-prescribing and secure provider messaging exchange. The goal is to provide a clear understanding of the patient's previous care and indicators to potential quality of care improvements to all the connected partners.

The HIE for MO HealthNet is being implemented in phases. Connectivity with other HIE partners is scheduled for December 2009. The complete HIE/EHR solution will be implemented by August 2010.

Missouri Telehealth Network (<http://telehealth.muhealth.org/>)

The Missouri Telehealth Network (MTN) began in 1994 as one of the nation's first public-private partnerships in telehealth. A nine site network was initially developed with federal support coming from HRSA's Office of Rural Health Policy and private support coming from telecommunication companies, as well as each telehealth site. Today, MTN has over 150 sites in 47 Missouri counties and the City of St. Louis. The network is funded with federal, state and institutional dollars. For fiscal year 2008 MTN was added as a line item to the State of Missouri's higher education budget. MTN was awarded \$420,000 for FY '08 and \$840,000 for FY '09. Five new specialties (Pediatric Infectious Disease, Sports Medicine, Interpretive Services, Pediatric Hematology, Hip & Knee) were added due to receiving these appropriations in FY '08. The growth in specialty services is important to meet the needs of rural and underserved Missouri citizens who do not have access to these services through conventional delivery systems. MTN was also awarded a pilot as part of the FCC Rural Health Pilot Program. It will bring more than \$2.3 million dollars to the state of Missouri. By receiving these monies, MTN will add more than 30 sites to the network.

MTN has provided services in 40 different medical specialties, with a majority of the work coming from radiology, mental health, dermatology and cardiology. From 1996 to present, nearly 19,000 interactive video encounters and over 103,000 teleradiology exams have been conducted.

Health Information Security and Privacy Collaboration (HISPC)

In 2008 Missouri joined the third phase of the national HISPC initiative as part of two multistate collaboratives, participating alongside Florida, Kentucky, Louisiana, Michigan, Mississippi, Tennessee, and Wyoming in the Provider Education Toolkit (PET) Collaborative; and alongside Florida, Kansas, Kentucky, Michigan, New Mexico, and Texas in the Harmonizing State Privacy Law (HSPL) Collaborative.

Individuals representing over 40 stakeholder organizations participated in the initiative that was overseen by a public-private Steering Committee representing health care providers, patients, health plans, state agencies, private health care systems, and special interest groups. The project was staffed by the State's quality improvement organization (QIO), Primaris. Six stakeholder meetings were conducted across the state to educate key stakeholder groups around the privacy and security safeguards provided by EHRs and HIE.

The HSPL Collaborative developed an in-depth analysis of Missouri state laws around privacy and security of medical information, which was then entered into a comparative analysis matrix of the laws in all HSPL states. Because both Missouri and Kansas participated in this collaborative, both now have a side-by-side comparison of state privacy and security laws, and can identify gaps that must be addressed to facilitate interstate HIE in greater Kansas City – a major bi-state medical trading area. The PET Collaborative designed and tested messaging to raise awareness among providers of the benefits of safe and secure HIE. The messages were pilot tested with primary care physicians in the state, and the HISPC Phase 3 Extension provided the opportunity to extend outreach to additional provider groups. These tools, frequently asked questions (FAQs) and other resources developed as part of the national HISPC process are available online at <http://www.mosecure4health.org/>.

Tiger Institute for Health Innovation

In September 2009, the University of Missouri (MU) and Cerner Corporation announced their partnership with plans to create the Tiger Institute for Health Innovation. The Tiger Institute's mission is to create innovations in healthcare delivery that could potentially reduce Missourians' escalating healthcare costs

through modernizing and automating the way healthcare is delivered. The Tiger Institute is a public—private collaboration that will work on research and development projects in addition to managing much of the health system’s IT efforts. The next phase will connect all of the University of Missouri Health Care (UMHC) hospitals, clinics and pharmacies, and could eventually extend to providers in the Columbia community and across the state of Missouri.

Regional HIE Initiatives

Missouri’s HIE activity is characterized by several local and privately-funded initiatives that have remained largely independent. There are several HIE initiatives in varying stages of development throughout Missouri with informal jurisdictions based largely on geographic boundaries. These efforts are predominantly overseen by Boards of Directors or Advisory Groups comprised of local stakeholders and health care leaders, and representatives of organizations who are or plan to participate in the HIE. Most are organized around the mission to improve health care in their communities through HIE and health IT and are linked closely with large provider organizations in the community. While these efforts share a common mission, they vary in their technical approach, stage of technical development, and ability to share clinical data.

A brief overview of the main HIE initiatives in Missouri appears below. Please note the descriptions below reflect publicly available information about each initiative; the environmental scan and stakeholder interviews that will take place during the planning phase will validate these descriptions.

- **CareEntrust** (<http://www.careentrust.org/index.php>): CareEntrust is an independent, not-for-profit organization representing two dozen Kansas City-based employers and over 100,000 employees and their dependents. CareEntrust’s mission is to make available a longitudinal view of patient information for consumers and health care entities to improve health care quality, efficiency and safety. A broad cross-section of employer sponsors provide CareEntrust as a benefit to their employees and dependents. The centerpiece of the CareEntrust system is the CareEntrust Health Record, a secure application that aggregates relevant health care information – including clinical, claims, and customer-entered data – and

delivers it to health care providers when and where they need it. CareEntrust offers consumers control over their own health history and the status of their current care, with the option of sharing their CareEntrust Health Record with their health care providers.

- **KC CareLink** (<http://www.kccarelink.org/index.php>): KC CareLink is a not-for-profit electronic HIE linking health care providers in its bi-state community. KC CareLink is used by health care providers to ensure that they can better coordinate and deliver care to their patients, particularly the under-insured and uninsured. KC CareLink has collaborated to enable secure delivery of timely and accurate electronic health information to authorized users across organizational boundaries with the goal to help improve the efficiency, accessibility and continuity of health care. KC CareLink provides a 24/7 resource to over 500 users at 19 separate sites, maintains a database with over 185,000 unduplicated patients, and supports software applications to create, manage and report on thousands of referrals between safety net providers each year.
- **Kansas City Quality Improvement Consortium** (<http://kcqic.org/>): The Kansas City Quality Improvement Consortium (KCQIC) was formed by the UAW-Ford Community Health Care Initiative and community stakeholders in November 2000 in response to the growing emphasis on evidence-based medicine. KCQIC is a not-for-profit whose membership includes stakeholders who share the goal of quality health care. KCQIC is one of 24 Chartered Value Exchanges supported by the Agency for Healthcare Research and Quality (AHRQ). KCQIC is also part of the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative, involving 14 communities around the country. Both of these initiatives focus on health care quality.
- **St. Louis Integrated Health Network** (<http://www.stlouisihn.org/>): In its 2003 strategic plan for improving safety net health care, the St. Louis Regional Health Commission (RHC) recommended the development of a permanent regional network of safety net providers to coordinate and integrate primary and specialty care safety net services in St. Louis City and County. In response to this recommendation

and HRSA's Integrated Services Development Initiative, the St. Louis Integrated Health Network (IHN), a Missouri not-for-profit corporation, formed in November 2003. The IHN, in partnership with the RHC, is building an HIE project as part of its Primary Care Home Initiative, which focuses on improving access to a medical home for all underserved patients and reducing non-emergency use of area emergency departments. The HIE project focuses on the development of a Network Master Patient Index (NMPI) across 18 participating provider organizations, including all four area Federally Qualified Health Centers, both area medical schools, St. Louis City and County Departments of Health, and all 9 local hospital emergency departments in areas of high need. The vision for the IHN NMPI is a technology solution across St. Louis safety net providers designed to support the needs of St. Louis's underserved population and meet a specific set of requirements.

- **Lewis And Clark Information Exchange** (<http://www.lewisandclarkinformationexchange.org>): The Lewis and Clark Information Exchange (LACIE) was created as a tool to collect information from member organizations, combine the data centric to the person, and ultimately allow for lifetime health records within Northwest Missouri and Northeast Kansas. LACIE aims to reach out to non-traditional stakeholders and recruit employers, government, schools, and the community in an effort to engage and empower all children and adults to continuously improve their health and quality of life. LACIE uses an interoperability solution facilitating connectivity between multiple venues to electronically deliver relevant personal health information in a secure manner. Through LACIE, providers share information such as basic patient demographic & visit information, medications, allergies, immunizations, and clinical reports. This information is routed into the patient's community electronic medical record within LACIE and combined with other existing information so that the care provider has a complete picture of the patient's health history.

The public and private sector initiatives described above are only a snapshot of Missouri's HIE activity; there are other active initiatives supporting adoption of EHRs and HIE that will be catalogued as part of the environmental scan during the strategic planning process.

B. Proposed Project Summary

The State and its identified team as described in the Organizational Capability Statement (referred to as “the State”) are initiating comprehensive strategic planning process to take place through January 31, 2010. The process will be conducted under the leadership of Ronald J. Levy, Director of the Department of Social Services and the Health IT Coordinator for the State of Missouri. Over the course of the next four months the planning process will include:

- **The creation of a State Office of Health IT:** The Governor will create the Missouri Office of Health IT (MO-HITECH) within the Department of Social Services. MO-HITECH will be led by Director of the Department of Social Services, Ronald J. Levy, who is the HIE/HIE Coordinator for the state of Missouri. MO-HITECH will be responsible for promoting the development and implementation of an effective health IT and HIE infrastructure for the state of Missouri and will manage the funding that may be available for health IT and HIE initiatives, including federal grants and matching funds. The Office will provide professional and administrative support to the project.
- **The appointment of a public-private Advisory Board:** The Governor will appoint a public-private Advisory Board to inform strategic and operational planning activities. The Advisory Board will meet at least monthly to provide their input and guidance to the project team. The Advisory Board will represent a diverse group of public and private stakeholders, as well as subject matter experts, who will be tasked with both guiding the strategic planning process and engendering stakeholder buy-in with those constituencies they represent.
- **A formal Workgroup process:** The State will create and staff Workgroups to develop and vet recommendations around the five domains as required for the HIE Strategic Plan. The Workgroups will meet regularly and will provide input into governance, technology, legal/policy, finance, business and operations, and consumer engagement. The State, under the guidance of the Advisory Board, will draft charters and work plans for the Workgroups and monitor their progress regularly to ensure that timelines and deliverables are achieved. The State estimates it will need to create at least three and up to six

workgroups as part of the strategic planning process. These potential workgroups and their charges are described briefly below:

- ***Governance:*** The Governance Workgroup will develop a governance framework that will ensure broad-based stakeholder collaboration and transparency. The Workgroup will review existing governance models within and outside of Missouri and will subsequently develop and vet governance models to be recommended to the Advisory Board. The Workgroup will be tasked with ensuring a governance framework characterized by: alignment with Medicaid and public health programs, the ability to provide oversight and accountability to protect the public interest; and the support of providers statewide to achieve meaningful use. The Workgroup and Advisory Board will especially consider potential governance frameworks in the context of convening, coordinating, and management functions (depicted in the table below).

Convene	Coordinate	Manage
<ul style="list-style-type: none"> • Provide neutral forum for all stakeholders • Educate constituents & inform HIE policy deliberations • Advocate for statewide HIE • Serve as an information resource for local HIE and health IT activities • Track/assess national HIE and health IT efforts • Facilitate consumer input 	<ul style="list-style-type: none"> • Develop and lead plan for implementation of statewide solutions for interoperability • Promote consistency and effectiveness of statewide HIE policies and practices • Support integration of HIE efforts with other healthcare goals, objectives, & initiatives • Facilitate alignment of statewide, interstate, & national HIE strategies 	<ul style="list-style-type: none"> • Serve as central hub for statewide or national data sources and shared services • Own or contract with vendor(s) for the hardware, software, and/or services to conduct HIE • Provide administrative support & serve as a technical resource to local HIE efforts

Figure 1. Potential Governance Functions

- ***Finance:*** The Finance Workgroup will document available and potential funding sources for the strategic and operational planning processes, as well as develop a process to monitor spending and match contributions throughout the project. The Workgroup also will review potential financing strategies and approaches to address upfront costs and sustainability of statewide HIE. The Workgroup will be tasked with the development of a business plan to support the

implementation of the Operational Plan and the articulation of the value around different stakeholders' interests and participation in HIE.

- ***Technical Infrastructure:*** The Technical Infrastructure Workgroup will be tasked with developing a statewide technical infrastructure to support statewide HIE, including a plan for the prioritization and development of those HIE services specified in the FOA (e.g. electronic eligibility and claims transactions; electronic prescribing and refill requests). The Workgroup will document existing regional and state efforts and investments and resources that may be leveraged to advance statewide HIE and also determine whether or how shared technical services may be utilized for the state's approach to HIE. The Workgroup will be responsible for making recommendations relative to technical requirements and core services to support Missouri's health IT and HIE efforts, including the identification of protocols and standards to support statewide HIE. To inform its discussions and decision-making the Workgroup will review examples of technical models being pursued in other states and identify pros and cons of those models relative to Missouri's needs.
- ***Business & Technical Operations/Adoption:*** The Workgroup will be charged with the development of strategies to support HIE capacity within the state and to provide technical assistance as needed to support health IT adoption. The Workgroup will help coordinate HIE efforts with the Medicaid and public health programs, as well as the Regional Extension Center Program to support providers in their pursuit of meaningful use. The Business & Technical Operations/Adoption Workgroup will also oversee the development of a formal evaluation process to assess the impact of statewide HIE and related activities in Missouri. The Workgroup will prioritize and support efforts to conduct baseline and ongoing metrics within the five domains to ensure accountability and proper reporting in alignment with ONC requirements.
- ***Legal/Policy:*** The Legal/Policy Workgroup will be charged with establishing a statewide policy framework and process to oversee the development of policies to facilitate statewide HIE and protect health information as required by state and federal laws. The Workgroup will identify a

process to work toward harmonizing federal and state legal and policy requirements to support HIE. By nature of Missouri's relationship with its bordering states, the Workgroup will be tasked with developing a framework to assess the implications of cross-border HIE and identify a process to resolve potential conflicts. The Workgroup will also address enforcement mechanisms and the agreements necessary to ensure the appropriate oversight and accountability among HIE participants.

- ***Consumer Engagement:*** The Consumer Engagement Workgroup will ensure consumer input in the design and implementation of HIE initiatives and support the development of consumer-facing messages and content relative to the planning process and HIE. Recognizing the need for education around the benefits, challenges, and opportunities that HIE and health IT will provide for Missourians, the Workgroup will engage consumer representatives to advise the development of content to be disseminated widely through identified public and private communication mechanisms. The State will look to this Workgroup throughout the planning and operational phases to provide input into the process and to advise the State in the creation of effective communications to the greater public.
- **An Environmental Scan of the State:** The State will conduct an environmental scan to describe the level of health IT and HIE adoption among Missouri health care providers. The environmental scan will be informed through interviews with major HIE and health care industry stakeholders around their health IT and HIE capabilities, as well as through initial Advisory Board and Workgroup input. The interviews and Workgroup input will help to assess the level of health IT and HIE adoption and utilization, as well as to identify existing health IT resources and HIE capacities that may be leveraged or expanded upon to support statewide HIE. Relevant collaborative opportunities that are identified will also be captured in the environmental scan and considered in regard to their ability to provide human resources or capital into a statewide HIE process.
- **Coordination with State Medicaid:** The State will coordinate closely with the State Medicaid program to ensure that HIE is integrated into the Medicaid health IT strategy. The State will work with the

Medicaid program to develop and implement a strategy that will support Medicaid providers' realization of meaningful use incentives to ultimately improve the care of all Medicaid beneficiaries. The Planning-Advanced Planning Document (P-APD) currently under development is in alignment with the current process and there will be an ongoing effort to coordinate with Medicaid as it develops its Strategic Plan. The State will work with Medicaid, under the guidance of its CMS Regional Administrator, to determine how Medicaid administrative funds can support components of the anticipated state Operational Plan. The State and the Technical Infrastructure Workgroup also will examine the existing Medicaid investments in health IT to determine how these may best be leveraged to enable HIE among and beyond the state's Medicaid providers.

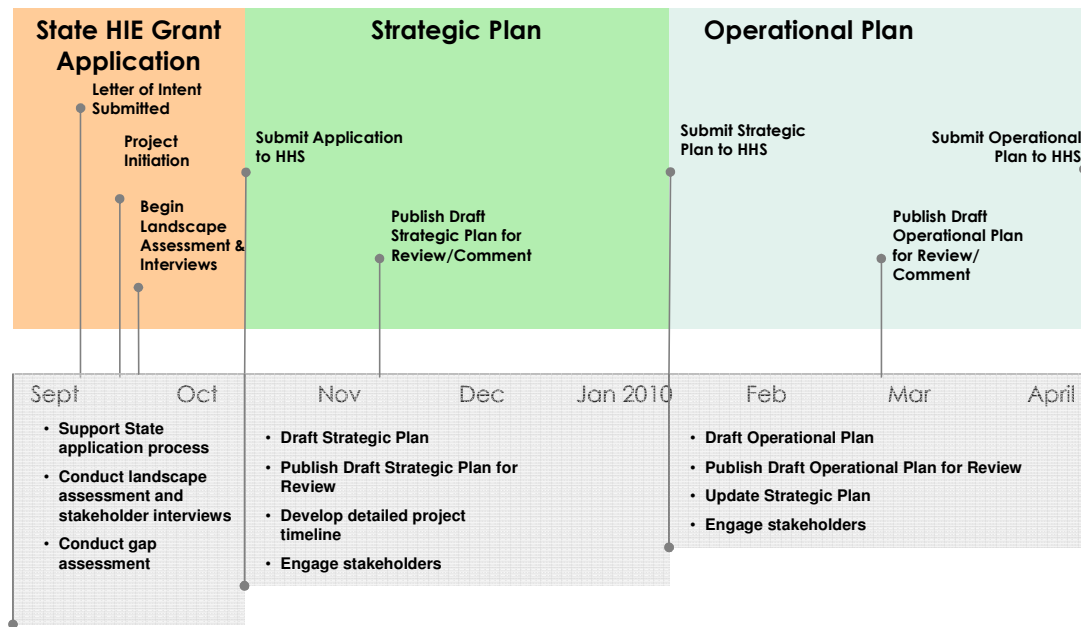
- **Public input:** The State will offer several mechanisms for public input into the planning process through web-based surveys, public forums, stakeholder teleconferences/webinars and/or in-person meetings. The State has established an HIE outreach portal for the purpose of disseminating and collecting information statewide. These mechanisms are described in greater detail in Section C.

The State understands the importance of maintaining a leadership role throughout the process to guide and inform the Strategic Plan for HIE. The State has allocated experienced State staff and has engaged an external consultant to support its strategic planning process over the next three months. Recognizing the importance of the tasks at hand, the State is confident that a collaborative and transparent stakeholder process as described above will be the most effective way to achieve widespread support and input into a plan for statewide HIE.

The Strategic Plan will inform the creation of the Missouri HIE Operational Plan that will outline a corresponding and comprehensive set of activities to achieve statewide HIE and enable Missouri's providers to demonstrate meaningful use and receive the maximum incentive reimbursement while avoiding future penalties. The process outlined above to inform and guide the strategic planning process will continue into the operational planning phase. The Workgroup structure and process may be modified based on required deliverables for the Operational Plan. The State largely envisions that the stakeholders who are involved in the strategic planning process will continue to play an important role through the submission of the

Operational Plan and into implementation. The current Application estimates the completion of the Operational plan by April 30, 2010.

A high level timeline outlining the major tasks required for the state cooperative agreement program is below.



Privacy and Security Approach

Missouri's participation in the HISPC initiative has laid the groundwork for developing statewide policies to protect privacy and security of electronic health information. The state has conducted a detailed inventory and analysis of the existing state laws in Missouri that apply to privacy and security and has identified areas where policies must be harmonized to support the secure and private exchange of electronic health information.

The development of privacy and security policies, including the respective agreements and forms to ensure compliance among data providers and patients, is integral to the success of HIE, and the State is committed to initiating and overseeing a collaborative process to develop the necessary policy and legal framework. The Legal/Policy Workgroup will oversee the privacy and security approach and will consider the experiences of

existing multi-stakeholder collaborative processes that have successfully developed rules and policies for the implementation of privacy and security principles to support the exchange of clinical data. Importantly the Workgroup, under the guidance of subject matter experts and legal counsel, will consider the challenges of cross border information exchange; this is a prominent issue in Missouri because it shares its borders and patients with eight other states. Missouri and Kansas both participated in the HISPC Harmonizing State Privacy Law (HSPL) Collaborative; the Collaborative produced a comparative analysis matrix of Missouri and Kansas state privacy and security laws, identifying gaps that must be addressed to facilitate interstate HIE. This analysis will be key to jumpstarting Missouri's privacy and security efforts and to informing the Legal/Policy Workgroup as it considers a framework for interstate HIE. The State is committed to continuing its engagement with its neighboring states to ensure that interstate privacy and security issues are addressed.

The Workgroup will also address the enforcement and accountability mechanisms to ensure proper oversight of the privacy and security framework once developed.

Potential Barriers

Missouri, like other states, faces various challenges in developing and implementing HIE, and ultimately supporting providers to become meaningful users of health IT. Among the challenges are the lack of available resources, workforce and financial, to implement a statewide technical architecture to enable all providers to become meaningful users by 2011.

Cohesive, ongoing leadership has been identified as one challenge that Missouri must confront as part of its strategic planning process. While there are many forces in the state with an interest in health IT and HIE, the state's involvement in HISPC and Missouri's HISPC Steering Committee are viewed by some stakeholders as the only two avenues previously available to work toward consensus among the various stakeholder groups. The State planning process will address the need for continuity of leadership; the Administration has demonstrated its commitment to HIE and health IT through the appointment of Director Ronald J. Levy as

the Health IT Coordinator. The State will, through the planning process, identify resources to help support the Health IT Coordinator and MO-HITECH.

The state must also confront barriers to interoperability that have not been addressed to date, including the use of common standards and protocols among all organizations participating in HIE. Similarly, the state must address its own legal landscape, as well as interstate conflicts or gaps in policy that the state must work with its neighboring states to address. The development of standards, as well as the identification and resolution of interstate policy gaps will be especially critical for Missouri because it borders eight states. Missouri's health care facilities often provide care to residents of neighboring states, especially where Missouri's urban centers border neighboring states' rural communities. The interstate provision of health care as well as interstate referrals will need to be considered as part of the strategic and operational planning process to ensure continuity of care for all those seeking treatment in Missouri and its neighboring states.

Proposed Communications Strategy

The proposed strategic planning process will be designed to solicit stakeholder feedback, as well as inform stakeholders about the current process and the importance of HIE to enable improved health outcomes. The State has launched an upfront communication and educational effort to engender stakeholder support and buy-in for the Strategic and Operational Plans, and will create several additional mechanisms for public input. These mechanisms are described in greater detail below.

- **Interviews:** As part of its environmental scan, the State will conduct interviews with identified key stakeholders representing local HIEs, major health systems, industry associations, consumer groups and other organizations important to the success of HIE. The project team conducted ten interviews to inform the preparation of the current application, and plans to interview approximately ten additional stakeholders to complete the state environmental scan.
- **HIE Outreach Portal/Website and Listserv** (<http://dss.mo.gov/hie/index.shtml>): The State launched an HIE outreach portal for the purpose of disseminating and collecting information statewide.

The portal will feature regular project updates and will host draft deliverables to be posted for public comments. The portal will contain contact information for the project as well as frequently asked questions (FAQs). Individuals interested in receiving regular updates may request to be added to an HIE listserv that will be maintained through the portal's administrator.

- **Public Meetings:** The State will host virtual and/or in-person public meetings to present and vet Workgroup recommendations and the draft Strategic Plan for public review and input. The State Health IT Coordinator and his project team may also hold virtual meetings to update interested stakeholders on the strategic planning process.
- **Advisory Board & Workgroup Members:** The State will work with its Advisory Board and Workgroups to develop and disseminate messages through Advisory Board and Workgroups' members and their communications staff. For example, if an organization sends out a regular newsletter or CEO update, the State and project team may work with the organization to draft content to be included and to address issues specific to the organization's membership (e.g. providers, patients, health plans). The State and project team will be open to new ideas from the Advisory Board and Workgroups to increase stakeholder communications and awareness around HIE and the statewide planning process.
- **Web Tool/Survey:** The State will develop a web-based information collection tool to facilitate additional public participation and feedback around HIE. The tool will be published to the HIE outreach portal and also sent to stakeholders directly to encourage their participation; the Advisory Board and Workgroup Members will be asked to help distribute the tool to their members and peer organizations that have an interest in HIE. Responses will be reviewed for incorporation into the planning process.
- **Communications Team:** The State will create a Communications Team to support MO-HITECH and the strategic and operational planning efforts to ensure that regular communications are maintained with both the general public and target stakeholder groups. The Communications Team will be responsible for drafting content and creating messages in alignment with the objectives of MO-HITECH and identifying

vehicles for their dissemination in local and statewide media. The Communications Team will work closely with the Consumer Engagement Workgroup to ensure that consumer perspectives and concerns are addressed appropriately in communications and that messages are developed and executed in a manner to ensure they reach underserved populations.

Involvement of Community-Based Organizations

The State intends to involve community-based organizations representing medically underserved and special populations throughout the planning and implementation of the proposed project.

The Advisory Board will include public and private sector members from organizations representing or providing services to the medically underserved as well as special needs populations. Such Advisory Board members will be tasked with representing the interests of their constituents, as well as providing their expertise and insight into the needs of these populations throughout the project.

The Workgroups will feature broad stakeholder participation and will provide a mechanism for community-based organizations to provide direct input into the development of processes and recommendations around governance, finance, technical infrastructure, business and operations, legal/policy, and consumer engagement. An effort to address the needs of medically underserved and special needs populations will be made through the recruitment of participants from organizations representing such groups and their active participation in decision making.

The Department of Social Services, Department of Health and Senior Services, and Department of Mental Health have a history of close collaboration with underserved and special needs populations, as well as with each other. The three departments have already begun to engage in a strategic planning process prior to ARRA with the vision of creating a “hub of hubs” of quality health information to serve diverse population needs for coordination and participant health education, while also making data available for program policy, research, and outcomes measurement. This existing collaborative opportunity will be leveraged throughout

the strategic planning process and the state officials representing these agencies will represent the target stakeholder groups in both Advisory Board and Workgroup discussions.

Stakeholder Representation and Involvement

The State of Missouri is committed to the initiation of collaborative and transparent stakeholder engagement as part of the strategic planning process. The Advisory Board and Workgroups will feature diverse stakeholder participation to ensure their interests will be considered and incorporated into both planning and implementation activities. While the Advisory Board will have limited seats, it will be a diverse public-private body that will represent many stakeholder categories. The Workgroups will offer broader opportunities for stakeholder participation and input and will require diverse participation to leverage expertise of participants and to ensure the development of recommendations that will support statewide HIE and ensure stakeholder buy-in. The State will solicit participation from health care providers, health plans, patient and consumer organizations, health IT vendors, health care purchasers and employers, public health, academic institutions, clinical researchers, representatives of state government, and other health IT and HIE stakeholders that will participate in statewide HIE.

C. Required Performance Measures and Reporting

The strategic planning process will address and develop a framework to satisfy the reporting requirements of this program under the Government Performance Reporting Act of 2003 and other reporting measures anticipated to be included in the Notice of Award. The State and project team will work with the Advisory Board and Workgroups to satisfy reporting requirements for the planning phase and to identify the most effective methodologies, tools, and strategies to use and collect data about the project and its impact on the health care community and public health. As part of this process, the State and Business & Technical Operations/Adoption Workgroup will identify existing evaluation methodologies, tools, and strategies that have been successfully leveraged and consider whether they may be applicable to the strategic and operational planning process.

Reporting Requirements

The State will work closely with the Business and Operations Workgroup to prioritize and collect data for those reporting requirements applicable to planning activities. The State has reviewed the list of reporting requirements provided in the FOA and anticipates that it will be able to report out on the requirements listed below as part of the strategic planning process.

- Governance
 - The proportion of the governing organization represented by public stakeholders
 - The proportion of the governing organization represented by private stakeholders
 - The representation of government, public health, hospitals, employers, providers, payers and consumers on the governing organization
 - The role of the state Medicaid agency in the governing organization
 - Whether governing organization meetings are posted and open to the public
 - The role of regional HIE initiatives in the governing organization
- Finance
 - The development and implementation of financial policies and procedures consistent with state and federal requirements
 - The receipt of revenue from public and private organizations to support the strategic planning process
 - The proportion of funding sources to advance statewide HIE from federal assistance, state assistance, other charitable contributions, and revenue from HIE services

- The proportion of charitable contributions from health care providers, employers, health plans, and others
- The development of a business plan
- The governing organization's schedule to review the budget
- Technical Infrastructure
 - Development of a statewide technical architecture for HIE and readiness for implementation
 - Integration of state-specific Medicaid management information systems (MMIS) into the statewide technical infrastructure
 - Integration of regional HIE into the statewide technical architecture
- Business and Technical Operations
 - Percentage of health care providers with access to broadband
- Legal/Policy
 - Development and implementation of privacy policies and procedures consistent with state and federal requirements
 - Incorporation of provisions allowing for public health data use in policies, procedures, and trust agreements

Performance Measures

The strategic planning process will develop a framework and methodology around the collection and use of data as required both to measure progress and to inform the program evaluation as required by the grant

agreement. The planning process will identify how federal funds may be used to develop a comprehensive program around performance measurement and whether a third party organization such as an academic institution should be engaged to develop and implement such a program. The State will ensure that baseline data is collected to benchmark and track provider participation in HIE-enabled state level technical services and the degree to which pharmacies and clinical laboratories are active trading partners in HIE. The State will ensure reporting of performance measures to meet the requirements of state and national-level program evaluations and will work with ONC to continually evaluate appropriate measures when provided through program guidance. Adjustments to the project or to the evaluation program will be made if determined necessary by the project team and ONC. This process will be coordinated closely with public health efforts to ensure public health measures are incorporated into the reporting and measurement phase of the project.

D. Project Management

The strategic planning process will be led by Missouri's Health IT Coordinator Ronald J. Levy, Director, Department of Social Services, and the Missouri Office of Health IT (MO-HITECH). Director Levy is supported by a team of cross- agency staff that is experienced in coordinating cross-agency collaborative projects and engaging the public and private sectors in statewide efforts. Roles and responsibilities of the Project Team are delineated below.

- Leadership and overall project oversight, including coordination with other partners and ONC: Director Ron Levy, Department of Social Services and Director Margaret Donnelly, Department of Health and Senior Services
- Monitoring of staff responsibilities and project progress toward achieving objectives and outcomes: Deputy Division Director George Oestreich, MO HealthNet Division

The table below outlines the State staff and contractors that will be dedicated to the completion and success of the project.

Missouri Health Information Technology (MO-HITECH) Project
Project Narrative

Name	Title	Organization	Role(s)
Ronald J. Levy	Director	Department of Social Services	Health IT Coordinator Project leadership and oversight Advisory Board Co-Chair
Margaret Donnelly	Director	Department of Health and Senior Services	Project leadership and oversight Advisory Board member
Ian McCaslin, MD, MPH	Director	MO HealthNet Division	Technical Infrastructure Workgroup Medicaid coordination
George Oestreich, PharmD, MPA	Deputy Division Director	MO Health Net Division	Project management Report preparation HIT/HIE Communications Team
Brian Kinkade	Deputy Department Director	Department of Social Services	Communications
Patrick Luebbering	Assistant Deputy Division Director	Department of Social Services	Budget oversight Finance Workgroup
Joyce Crawford	Fiscal and Administrative Manager	Office of Administration, Information Technology Services Division	Project management support
Steve Siegler	Deputy CIO of Infrastructure	Office of Administration, Information Technology Services Division	Technical Infrastructure Workgroup
Paula Peters	Application and Data Services Manager	Department of Health and Senior Services	Technical Infrastructure Workgroup
Charlotte Krebs	Program Manager, Health Information Initiatives	Primaris	HIT/HIE Communications Team Consumer Engagement Workgroup
Christy Bertelson	Deputy Director for the Recovery Act	Office of Administration	HIT/HIE Communications Team

Laurie Hines	Special Assistant	Department of Health and Senior Services	HIT/HIE Communications Team Legal/Policy Workgroup
Beth McQuaide	Administrative Assistant	Clinical Services	HIT/HIE Communications Team

The State plans to engage outside consultants and subject matter experts as necessary to guide and inform the strategic planning process. Specifically, the State plans to work with such experts to staff and co-facilitate the Workgroups to both ensure that the Workgroups have access to appropriate content expertise and that project objectives and deadlines are met in a timely fashion.

The State, through generous financial support from the Missouri Foundation for Health (MFH) and Health Care Foundation of Greater Kansas City (HCF), has currently engaged Manatt Health Solutions (Manatt) to act as counsel and advisors to the State, providing both strategic advice and implementation/technical assistance. Manatt's engagement with the State supports the submission of the current application and development of a Strategic and Operational Plan for addressing statewide HIE development.

The State has also engaged staff from Missouri's quality improvement organization (QIO) Primaris to support the strategic planning process. Primaris led the state's HISPC efforts and will lend particular expertise to the Legal/Policy and stakeholder engagement aspects of this project.

Communications Team

An interim HIT/HIE communications team has been constituted to assist MO-HITECH in defining the scope and elements of a broad communications strategy that will clearly convey its goals, provide transparency and accountability for its use of public dollars, keep its numerous internal and external constituencies informed of its progress, and create mechanisms for regularly capturing public comment and feedback. The team also will identify any communications services, tools and staffing that may require the use of outside contractors.

Workgroup Management

The Workgroup process will be structured to ensure appropriate management in alignment with the strategic planning process and timelines. The State and project team will support all workgroups and workgroup leadership who will be responsible for developing recommendations for consideration by MO-HITECH, the Health IT Coordinator, and the Advisory Board. Workgroups will be managed by co-chairs from the public and private sector and will be tasked with the following:

- Confirmation of a Workgroup charter and corresponding work plan outlining timelines and deliverables;
- Review and augmentation of the environmental scan;
- Definition of a process to develop recommendations to support the Workgroup timeline;
- Definition of key milestones and objectives; and
- Development of a budget for the strategic planning process and implementation of the strategic plan.

E. Evaluation

The State and project team will work closely with the Evaluation Workgroup to develop methods, techniques, and tools to track and maintain project information required for the national program-level and self-evaluations. The Workgroup will be tasked with recommending a framework to standardize information collection and tracking processes to enable meaningful program-level reporting. With respect to those performance and evaluation measures related to the five domains as well as HIE activity (e.g. e-prescribing and laboratory results reporting), the State and project team will develop a process to ensure that baseline data is collected at the outset of the project and upon final guidance from ONC.

F. Organizational Capability Statement

The Missouri Department of Social Services (DSS) is submitting this grant and will have the lead responsibility for the planning and implementation of this project. DSS will be working in partnership with the Missouri Department of Health and Senior Services (DHSS) to ensure both departments' needs are incorporated and addressed in the Strategic and Operational Plans.

The DSS is organized into four program divisions. For purposes of this grant application, the relevant division is the MO HealthNet Division. MO HealthNet is responsible for the state Medicaid program. The division director, Dr. Ian McCaslin, and the deputy division director, Dr. George Oestreich, are critical team members; Dr. Oestreich will be responsible for day-to day management of the proposed project and will oversee coordination among department resources and staff to ensure adherence to the project timeline.

The DSS director, Ron Levy is the State Health IT coordinator, and the health policy advisor for Governor Nixon. Director Levy comes to DSS with extensive experience having been CEO of a large hospital system in St. Louis.

DSS and DHSS together have committed their most experienced project managers, budget experts, communications experts and IT developers/managers to this project. Both departments have experience with designing and implementing statewide conversions affecting infrastructure (public and private), service delivery, and diverse populations. The Departments are currently working together as part of the Multi-Department Readiness Assessment and to support the use of the Departmental Client Number (DCN) referenced in the Current State section of the Application.

The team includes experience in all the domains outlined in the FOA. Team members bring to this project detailed budget experience; skilled writing and editing for a wide variety of audiences; understanding of and well-formed relationships with the stakeholder community; experience with implementing statewide federally mandated programs; and development of health information databases, registries and reporting systems. Most importantly the team is dedicated to the improvement of health care delivery and outcomes through HIE and health IT.

Prior to establishing MO-HITECH, the State initiated an effective and timely approach to respond to the FOA by forming an inter-departmental team. DSS as the state Medicaid agency and DHSS as the public

health agency work together regularly on a variety of projects. The working relationship between the two departments is very synergistic and barrier-free. MO-HITECH is housed within DSS and will oversee the coordination and execution of the Strategic and Operational Plans, as well as the implementation of the Operational Plan.

Project Sustainability

Financial sustainability is a concern for both departments at this time. The intention is to begin to formulate a permanent HIT team and office as part of the larger health reform approach. As Missouri moves forward with developing a strategic plan and then an operational plan, financial sustainability of the pieces of the project that will remain the domain and responsibility of state government will be addressed. This will require careful budgeting analysis, possible budgeting requests before the state legislature, and identifying opportunities for partnerships and resource sharing beyond what has already been done and considered. DSS and DHSS have already reached out to entities outside state government for financial support and resources. The two healthcare Foundations, Missouri Foundation for Health and the Health Care Foundation of Greater Kansas City supported stakeholder meetings, and have contributed to support the project's strategic planning phase, including the engagement of Manatt Health Solutions in an advisory capacity to the state.

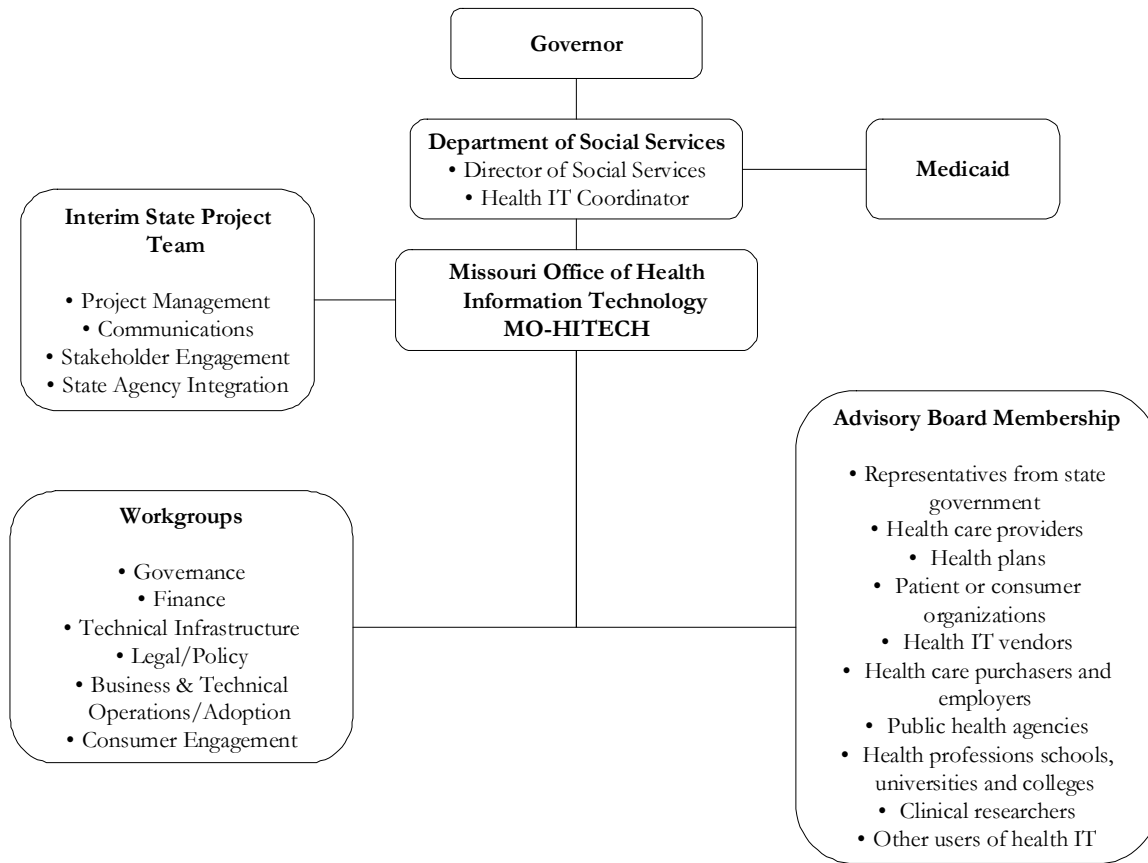
Key Staff Members and Resumes

Key staff are listed in the table above. Please see Exhibit A for key staff resumes.

Organizational Chart

The graphic below depicts the relationship between the State, MO-HITECH, Workgroups, and Advisory Board that will be initiated as part of the strategic planning process.

Missouri Health Information Technology (MO-HITECH) Project Project Narrative



Contractual Organization/Partner(s): The State, through generous financial support from the Missouri Foundation for Health (MFH) and Health Care Foundation of Greater Kansas City (HCF), has currently engaged Manatt Health Solutions (Manatt) to act as counsel and advisors to the State, providing both strategic advice and implementation/technical assistance. Manatt’s engagement with the State supports the submission of the current application and development of a Strategic and Operational Plan for addressing statewide HIE development. Manatt and the project team meet regularly by phone and as needed in person.

The State has also engaged staff from the Missouri’s quality improvement organization (QIO) Primaris to support the strategic planning process. Primaris lead the state’s HISPC efforts and will lend particular expertise to the Legal/Policy and stakeholder engagement aspects of this project.